COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature Complete items 1, 2, and 3, Also complete ☐ Agent item 4 If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below: **ROB DUBUC** JORO WALKER WESTERN RESOURCE ADVOCATES COUNSEL FOR LIVING RIVERS 3. Service Type 150 SOUTH 600 EAST, #2AB ☐ Certified Mall ☐ Express Mail SALT LAKE CITY, UTAH 84102 ☐ Registered Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) Was: 2. Article Number 7005 2570 0000 4801 5365 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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WESTERN RESOURCE ADVOCATE

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